

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10702646
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	
1					
2					
3	1				
4					
5		1			
6					
7					
8					
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26			1		
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48					
49					
50					
TOTAL IND.	2				
TOTAL DEP.	4				
TOTAL CLAIMS	10				

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						